

PART B - FEE(S) TRANSMITTAL

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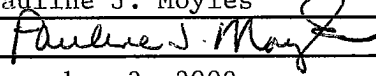
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28289 7590 10/30/2009

THE WEBB LAW FIRM, P.C.
 700 KOPPERS BUILDING
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 PITTSBURGH, PA 15219

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Pauline J. Moyles	(Depositor's name)
	(Signature)
December 3, 2009	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/552,549	07/20/2006	Martijn Schimmer	3135-053021	4397

TITLE OF INVENTION: SYSTEM AND METHOD FOR LOCALIZING SPORTS EQUIPMENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	02/01/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
WANG, JACK K	2612	340-573400

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 The Webb Law Firm
 700 Koppers Building
 2 436 Seventh Avenue
 Pittsburgh, PA 15219
 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

EYEON TRUST B.V.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

RIJSBERGEN, NETHERLANDS

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee
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☒ Advance Order - # of Copies 3

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☐ A check is enclosed.
☒ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 230650 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

John W. McIlvaine

Date December 3, 2009

Typed or printed name

Registration No. 34,219

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